

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Occupational Therapist / Occupational Therapy Assistant License Reinstatement

Your occupational therapist or occupational therapy assistant license in the state of Indiana has been expired for more than three years. Please send this completed form with the reinstatement fee of \$200 and the required documentation listed below to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your reinstatement form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$200
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline – or have you resigned in lieu of discipline or termination?			YES NO
<b>Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:</b>			
<input type="checkbox"/> I am a United States Citizen <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641)			
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing competency requirements for renewal, understand the Occupational Therapy Committee statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

**Required Documentation:** all back CEU's certificates; signed work history; verification for any and all licenses ever held; possible personal appearance as the Committee can request you retake the examination.

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Occupational Therapy Committee please email [pla14@pla.in.gov](mailto:pla14@pla.in.gov) or call 317-234-8800.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date